

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|----------------|---|-------------|---------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>5/4/05</u> | | 2 Serial/Patent # <u>09/768,504</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | | |
| <input type="checkbox"/> Filing | | | \$ | | | | | | | | |
| <input type="checkbox"/> Amendment | | | \$ | | | | | | | | |
| <input checked="" type="checkbox"/> Extension of Time | | 3/5/04 11/15/04 | \$420 + 430 | | | | | | | | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ | | | | | | | | |
| <input type="checkbox"/> Petition | | | \$ | | | | | | | | |
| <input type="checkbox"/> Issue | | | \$ | | | | | | | | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ | | | | | | | | |
| <input type="checkbox"/> Maintenance | | | \$ | | | | | | | | |
| <input type="checkbox"/> Assignment | | | \$ | | | | | | | | |
| <input checked="" type="checkbox"/> other Request for oral Hearing | | 11/15/04 | \$ 300 | | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 1150 | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| <input type="checkbox"/> Overpayment | | Treasury Check | | | | | | | | | |
| <input checked="" type="checkbox"/> Duplicate Payment | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): | | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>2</td><td>0</td><td>--</td><td>0</td><td>6</td><td>6</td><td>8</td></tr> </table> | | | 2 | 0 | -- | 0 | 6 | 6 | 8 |
| 2 | 0 | -- | 0 | 6 | 6 | 8 | | | | | |
| Extension of time (submitted twice) not needed - app. already abandoned. Request for oral Hearing fee submitted twice | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Cliff Congo</u> | | TITLE: <u>Attorney</u> | | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>571-272-3207</u> | | | | | | | | | |
| OFFICE: <u>Petitions</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>5-4/05</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: